TAXABLE YEAR

DO NOT ATTACH PAYMENT TO THIS SCHEDULE

CALIFORNIA SCHEDULE

2008

Wage and Withholding Summary

W-2 CG

Important: Attach thi	s schedule direc	tly behind Side 2 of your tax	return.
Name(s) as shown on return		SSN or ITIN	
		_	_
Caution: If your Form(s) W-2 are from multiple s	tates, or this schedule is	not filled out, then attach copies of your For	m(s) W-2, 592-B, 593, 594
and 1099 showing CA tax withheld. Attach this so			
Taxpayer W-2 information. (Transfer am	ounts from your Form(s	s) W-2 to the appropriate boxes below.) C	omplete a box for each
Form W-2 you receive.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
1st W-2		2nd W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 1	j)
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19)	
3rd W-2		4th W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 1	5)
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19)	
Spouse/RDP W-2 information. (Transfer	amounts from your For	rm(s) W-2 to the appropriate boxes below) Complete a box for
each Form W-2 you receive.		2nd W-2	
Social Security Number (box a)		Social Security Number (box a)	
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 19	5)
Employer Name (box c)		Employer Name (box c)	7
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI(Local Income Tax) (box 14 or 19)	
3rd W-2 4th W-2			
Social Security Number (box a)		Social Security Number (box a)	T
Employer ID Number (EIN) (box b)		Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)		State & Employer's State ID Number (box 19	5)
Employer Name (box c)		Employer Name (box c)	
State Wages, Tips, etc. (box 16)		State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)		CA State Income Tax (box 17)	
Social Security Wages (box 3)		Social Security Wages (box 3)	
SDI/VPDI (Local Income Tax) (box 14 or 19)		SDI/VPDI (Local Income Tax) (box 14 or 19	
4 7 . 1			
Total state wages from the Form(s) W-2 for		• • • • •	
For nonresidents or part-year residents, enter your (Add box 16 from all Form(s) W-2 for taxpayer)	_		. \$
2. Total state wages from the Form(s) W-2 for			· •
For nonresidents or part-year residents, enter the to	•	* *	
(Add box 16 from all Form(s) W-2 for spouse/RDP).			. \$
3. Total California Wages from all Form(s) W-2			
line 9; Form 540 or Form 540NR (Long or			Φ.
report any W-2 income on line 1a, column	n 🗷, tnat was not repo	rted on your original tax return.)	. \$